CS111-2-4

THE PREVENTION INDEX '89

SUMMARY REPORT

A REPORT CARD ON THE NATION'S HEALTH

A PROJECT OF PREVENTION MAGAZINE

CONTENTS

PART ONE

The Prevention Index:
A Report Card on the Nation's Health
A Project of *Prevention* Magazine

Robert Rodale
Editor, *Prevention* Magazine

Sanford T. Beldon
Publisher, *Prevention* Magazine

Thomas Dybdahl
Project Director, The Prevention Index

Mark Schwartz, Ph.D.
Technical Director, The Prevention Index

PART TWO

Prevention in America 6:
Steps People Take – or Fail to Take – for Better Health, Survey Summary
Consumers' survey conducted for *Prevention* Magazine by Louis Harris & Associates, Inc. Fieldwork: November, 1988

Project Directors:

Humphrey Taylor
President
Louis Harris & Associates, Inc.

Louis Genevie, Ph.D.
Vice President
Louis Harris & Associates, Inc.

Xiaoyan Zhao, Ph.D.
Research Associate
Louis Harris & Associates, Inc.

APPENDIX

Procedures for Computing the Prevention Index

A Note on Survey Methods

Your Personal Prevention Profile

© 1989 by Rodale Press, Inc.

It's nice to be the bearer of good news: the 1989 Prevention Index score reached a six-year high.

Over the past year we've made some important gains. The largest increases came in efforts to limit cholesterol, and not driving after drinking. We also saw a slight drop in the percentage of people who smoke.

What's most gratifying to me is that these changes aren't just numbers moving up and down. These figures represent real people – each one percent is slightly more than 1.8 million adults.

So when we find that the number of people trying to avoid eating too many high-cholesterol foods has risen six percentage points, that's significant. It means that in the past year about 11 million adults have made a conscious decision to eat more healthfully.

Prevention Magazine's goal is to provide people with the information they need to protect and promote their own health. The Prevention Index supports that goal by giving us an annual report card on our health behavior. This year's score is a good reminder that we are moving in the right direction.

Sanford T. Beldon
Publisher
Prevention Magazine

PART ONE

THE PREVENTION INDEX, 1989

While those aged 65 or more have the best overall records for practicing good health and safety behavior, change for the better is being led by those in the middle years.

This year's Prevention Index was the highest we've ever recorded.

Our 1989 score was 65.4 out of a possible 100. That's an increase of .6 over the 1988 score of 64.8. And it is nearly four points higher than our score in 1984, the first year.

The Index is a composite score, based on 21 key health-promoting activities. Each activity is weighted for its health impact, and the total values are adjusted to a scale of 100. So an Index score of 100 would mean that everyone was doing all 21 preventive acts; zero would mean that no one was doing any of them. (For details on computing the Index, see the Appendix.)

The chart shows the 21 behaviors that comprise the Index, listed in order of decreasing importance as rated by a panel of public health experts. The first column of numbers shows the percentage of adults who practice each behavior, followed by the experts' rating on its importance for preventing disease and promoting health. The last column shows how much each behavior contributes to the Index score.

KEY GAINS AND LOSSES

This year's survey showed improvement in several areas. The two biggest increases came in efforts to limit consumption of high-cholesterol foods, and in not driving after drinking.

One encouraging aspect of these changes is that both cholesterol and drunk driving have received special attention in the last year. Public awareness of these issues has increased substantially, and it appears to have had an impact on individual behavior.

Seat belt use continued to increase, as it has in every previous survey, reaching the 60 percent level. And there was a slight one-point increase in the number of people who say they always obey the speed limit.

Another hopeful change came in smoking cigarettes. The number of adults who say they smoke – 26 percent – was the lowest ever recorded in a Harris survey. And while the two-point drop from last year is not statistically significant, it bears close watching.

The biggest drop from the 1988 survey was the six-point decline in the number of people who try to limit their sodium consumption. The survey can't tell us why this change occurred, but it may be due to an increased understanding that sodium is a key contributor to high blood pressure only in salt-sensitive individuals.

THE PREVENTION INDEX, 1989

Health-Promoting Behavior	Adults Practicing (%)	Experts' Rating, Scale 1-10	Value Contributed to Index
1. Do Not Smoke	74	9.78	4.4
2. Avoid Smoking in Bed	90	9.24	5.0
3. Wear Seat Belt	60	9.16	3.3
4. Avoid Driving After Drinking	81	9.03	4.4
5. Smoke Detector in Home	81	8.53	4.2
6. Socialize Regularly	84	8.31	4.2
7. Frequent Strenuous Exercise	36	8.20	1.8
8. Drink Alcohol Moderately	90	8.15	4.4
9. Avoid Home Accidents	82	8.07	4.0
10. Limit Fat in Diet	54	7.82	2.5
11. Maintain Proper Weight	21	7.71	1.0
12. Obey Speed Limit	56	7.65	2.6
13. Annual Blood Pressure Test	83	7.62	3.8
14. Control Stress	69	7.58	3.1
15. Consume Fiber	60	7.41	2.7
16. Limit Cholesterol in Diet	48	7.15	2.1
17. Adequate Vitamins/Minerals	57	7.12	2.4
18. Annual Dental Examination	71	7.08	3.0
19. Limit Sodium in Diet	48	7.04	2.0
20. Limit Sugar in Diet	47	6.90	2.0
21. 7-8 Hours Sleep/Night	62	6.71	2.5
		Prevention Index	65.4

More worrisome was the three-point dip in the percentage of people who maintain their proper weight. Despite all the diet books and programs, weight control remains a problem for a majority of Americans, and we manage to maintain our status as the fattest nation on earth.

Is Everyone Improving?

The gains in the Prevention Index that have been recorded over the years mean that America, as a nation, is making progress in good health behavior. But not every group has shared equally in that progress.

Consider, for example, the crucial areas of limiting dietary fat and cholesterol. Since our first Index report in 1984, there has been no change in the percentage of people trying to limit fat consumption. There has been a six-point jump in the percentage trying to limit cholesterol, all of which occurred during the past year.

But when these behaviors are examined by age group, a different picture emerges. Over the past six years, adults under the age of 35 have registered a five-point drop in efforts to limit fat, and those in the 65+ age group have shown an eight-point decline. By contrast, people aged 35 to 64 have made a four-point *gain* in limiting their fat consumption.

A somewhat similar picture emerges with cholesterol avoidance. Over the same six-year period, people under 35 have shown a modest two-point gain, while those over 65 had a one-point drop. But those in the middle – people aged 35 to 64 – registered a substantial 10-point jump in efforts to limit cholesterol.

These results correspond with what we've found in other areas. While those aged 65 or more have the best overall records for practicing good health and safety behavior, change for the better is being led by those in the middle years. And we still have not found the way to motivate young adults to start good health behavior – especially in dietary habits – before they start having problems.

PREVENTION INDEX SCORES

1984	61.5
1985	63.2
1986	64.1
1987	65.2
1988	64.8
1989	65.4

PART TWO

PREVENTION IN AMERICA 6:

STEPS PEOPLE TAKE – OR FAIL TO TAKE – FOR BETTER HEALTH, SUMMARY

This sixth annual nationwide survey of the American public was commissioned by *Prevention* Magazine, published by Rodale Press, as part of its ongoing project known as the Prevention Index. The Prevention Index is an annual measure of the effort Americans are making to prevent accidents and disease and to promote good health and longevity.

To discover which health and safety habits Americans are practicing, Louis Harris and Associates interviewed 1,250 randomly selected adults across the country by telephone, from November 9 through November 23, 1988. The interviews concentrated on important risk factors and habits believed to influence the long-term morbidity and mortality rates of the American people. Twenty-four key factors have been included in each of the six annual surveys.

The findings from the 1988 survey, when compared to the results of the surveys from 1983 through 1987, clearly reveal areas where the nation is progressing and areas where the nation is standing still or falling behind. With each additional year's data, this series of surveys grows in its power to illuminate a preventive health agenda for the nation.

In addition to tracking key trends, the 1988 survey also undertakes three special tasks. First, it examines *measures people take to lose weight*, by asking questions on specific practices and by comparing responses of those who have tried to lose weight and those who have not. Second, it looks at *knowledge and motivation* of Americans with respect to prevention. Third, it examines *external influences* on prevention behavior, such as insurance discounts for health habits and employer assistance in staying healthy.

SURVEY ACCURACY

Surveys are subject to several sources of error. The most important are:

- *Nonresponse*, if those who are interviewed differ from those who are not interviewed.
- *Random or sampling error*, which may in theory be substantial, even on very large surveys.
- *Question wording*, particularly where the survey is measuring an attitude or a future intention and not a "fact." Several equally good questions may yield different (and equally valid) responses. In addition, question sequence can influence the responses, particularly to attitude questions.

Despite these possible sources of error, the results presented in this report do reflect the most reliable information available. And the 1988 survey, along with its earlier counterparts, provides one of the most comprehensive time-series assessments of health and safety factors ever obtained from national cross sections of Americans.

PUBLIC RELEASE OF SURVEY FINDINGS

All Louis Harris and Associates surveys are designed to adhere to the code of standards of the Council of American Survey Research Organizations (CASRO) and the code of the National Council of Public Polls (NCPP). Because data from the survey will be released to the public, any release must stipulate that the complete report is available.

PROJECT RESPONSIBILITY AND ACKNOWLEDGEMENTS

The chief analyst of this project was Xiaoyan Zhao, Ph.D., Research Associate. She worked under the supervision of Humphrey Taylor, President, and Louis Genevie, Ph.D., Vice President.

Louis Harris and Associates would like to thank *Prevention* magazine for commissioning this research. We would like to thank Robert Rodale, editor of *Prevention*, Sanford T. Beldon, *Prevention*'s publisher, and Tom Dybdahl, who manages the project for *Prevention*, for their continued support.

Louis Harris and Associates is responsible for final determination of the topics, question workings, collection of the actual data, and analysis and interpretation of the report.

Louis Harris and Associates, Inc.

PART TWO

SURVEY HIGHLIGHTS

Many Americans have made progress in practicing preventive health habits in the 1980's. Of the twenty-four behavior items the *Prevention* survey series always measures, the average adult American practices approximately two-thirds. The oldest group of Americans is the most likely to practice more than three-quarters of the preventive habits, while the youngest group is the least likely to do so. The major findings of this year's survey are reported below.

NONSMOKING, AND RESTRICTED USE OF ALCOHOL AND DRUGS

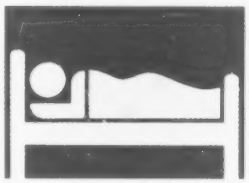
1. *The proportion of adults who say they smoke cigarettes has fallen to 26 percent. This is the lowest smoking rate ever registered in a Harris survey that measured this trend.* By approximately 15 percentage points, the average smoking rate in the 1980's is lower than that of the early 1970's. The rate in 1988 is significantly lower than in 1983, when the smoking rate was 30 percent.

2. *Eleven percent of adults are heavy drinkers. They drink four or more alcoholic beverages on days when they drink. This rate has changed little since 1983.* However, 39 percent of adults say they never consume alcohol. This is an increase of five percentage points from 1983 and an increase of three points from 1987. Fifty percent of adults are moderate drinkers, which means they do not exceed three drinks on days when they drink.

- The least advantaged educational, income and occupational groups in American society tend to be either nondrinkers or heavy drinkers of alcohol, while the most advantaged social groups have a strong tendency to be moderate drinkers.

3. *Five percent of adults admit they use recreational drugs. This is a decrease of four percentage points from 1984, when the question was first asked.*

- The biggest drop in drug use is among young adults; in 1984 two out of ten people under 30 said they used drugs; in 1988 only one out of ten say they use drugs.



FEELINGS OF STRESS

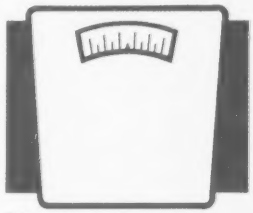
4. *Stress in American society appears to be on the rise.* In 1983, 55 percent of adults reported feeling under great stress at least once a week. This proportion has risen to 63 percent in 1988.

- Eighteen percent of adult Americans say they feel under great stress almost every day, 15 percent feel it several days a week, and another 30 percent at least once a week.

- Those with the lowest and highest household incomes are the most likely to feel under great stress at least several days a week.

5. Those feeling under great stress at least several days a week are more likely to say they take conscious steps to control stress (75%) than those who feel stress less frequently (66%). *However, one out of four adults who feels under stress at least several days a week does not take steps to reduce stress.*

- Those under stress frequently are less likely to sleep seven or eight hours a night and less likely to socialize at least once a week compared to those feeling stress less frequently.



WEIGHT CONTROL

6. *This year's survey has found the largest proportion ever of overweight American adults (64%).* Previous *Prevention* surveys reported the percentage of overweight Americans to be approximately 60 percent.

- Thirty-six percent of Americans are at least 10 percent over the weight range recommended for their height, body build and sex – up six percentage points from 1983 (30%) and four percentage points from 1987 (32%).

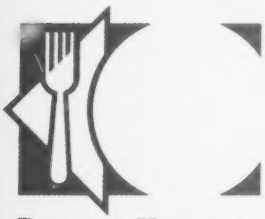
- Twenty-one percent of adults are within the proper weight range, a drop of three percentage points from 1987, and two points from 1983. The proportion within the recommended weight range does not exceed 30 percent in any of the demographic subgroups.

- Only 15 percent of adults are underweight in 1988, compared to 19 percent in 1983.

7. *Fully 20 percent of the adult population are overweight yet do not feel overweight.*

8. Sixty-two percent of those who feel overweight tried to lose weight during the month prior to the survey, but only 48 percent of those who are overweight tried to do so.

9. Majorities of those who have tried to lose weight have resorted to measures such as gaining more self-control (77%), cutting down on sugar (75%), and cutting down on red meat (67%).



Diet and Nutrition

10. *Progress has been made in avoiding a high-cholesterol diet.* Forty-eight percent of adults say they "try a lot" to avoid eating too many high-cholesterol foods, up six percentage points from 1983 and 1987.

- In addition, 48 percent of American households bought low-fat or low-cholesterol food products during the month prior to the survey, up nine percentage points from 1987 and twelve percentage points from 1986.

11. *A decline in effort has occurred in at least four of the eleven diet and nutrition areas.*

- The proportion of adults who say they "try a lot" to get enough vitamins and minerals dropped six percentage points, from 63 percent in 1983 to 57 percent in 1988.
- The proportion saying they "try a lot" to avoid eating too much salt (48%) and the proportion (47%) saying they "try a lot" to avoid eating too much sugar and sweet food are both lower in 1988 than in 1983 and 1987.
- Only 28 percent of adults now say they "try a lot" to eat fish twice a week, compared to 34 percent in 1985 when the question was first asked.

Exercise

12. *The percentage of people who engage in strenuous exercise at least three times a week has changed little in the past six years: 36 percent in 1988, compared to 34 percent in 1983, and 35 percent in 1987.* About three out of ten Americans are still weekend athletes, i.e., they exercise strenuously only one day a week or less.

13. *The proportion of American adults who walk for exercise frequently has increased.*

- Over half (52%) say that they walked at least several times a week during the month prior to the survey, compared to 47 percent in 1987 and 49 percent in 1986.
- Among those who walk, the proportion usually walking more than a mile and the proportion walking more often than the year before have both increased over the years.

14. Factors which people say would help them become more involved in regular exercise include:

- Doctor's recommendation (85%);
- A need to lose weight (75%);
- Less expensive exercise facilities (56%) and greater availability of exercise facilities (51%);
- A workplace fitness program (55%) and more flexible scheduling of one's work day (53%); and
- Friends' involvement in exercise (49%).

Safety Precautions

15. *Sixty percent of adults say they wear seat belts all the time when they are in the front seat of a car. This reflects a rising trend since the 1983 survey, when only 19 percent reported wearing seat belts all the time.* Compared to the last *Prevention* survey in 1987, this figure reflects an increase of three percentage points.

- Sixty-three percent of adults living in states with seat belt laws report seat belt usage all the time, compared to 38 percent of adults in states without seat belt laws.
- Thirteen percent of adults in the nation still say they never wear a seat belt. This rate is 29 percent in states without seat belt laws.

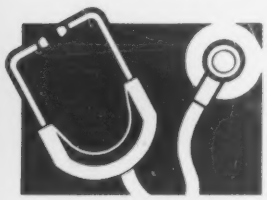
16. The level of seat belt use is particularly important because 49 percent of drivers do not drive at or below the speed limit "all the time." This is a rise of six percentage points from 1983.

17. *Sixty percent of adults say they never drive after drinking, and another 18 percent say they do not drink. This 78 percent represents an increase of 10 percentage points over the level recorded in 1983 and an increase of four points over 1987.*

18. Eighty-one percent report they have smoke detectors at home, compared to 67 percent in 1983 and 82 percent in 1987. *While the gaps between social groups in home smoke detector adoption had been considerably narrowed between 1983 and 1986, the gaps existing two years ago have not been reduced.*

Thirty-seven percent of Hispanics and 32 percent of those with less than a high school education still do not have smoke detectors in their homes – the same as two years ago.

19. Ninety percent say that no one in their household smokes in bed, a stable trend since 1983.



Regular Medical Exams

20. The proportion of adults having a blood pressure reading at least once a year (83%), the proportion having a cholesterol test at least once a year (49%) and the proportion visiting a dentist at least once a year (71%) all represent little change since this series of surveys began.

21. *The proportions of women having regular Pap smears and breast self-exams have increased, however.* Seventy-nine percent of adult women report having a Pap smear to detect cancer at least every two years, compared to 75 percent in both 1983 and 1987. The proportion of women doing breast self-exams on a monthly basis has also increased over the years, to 51 percent in 1988 – up 14 percentage points from 1983 and nine points from 1987.

External Influences on Better Health Habits

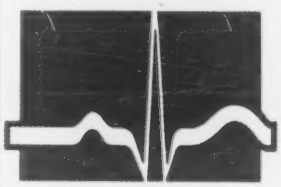
22. *Twenty-seven percent of adults say their family health insurance plan provides a discount for those who do not smoke or who exercise regularly.* But 45 percent say their insurance does not have such a discount and fully 22 percent do not know if their insurance has this discount. Those having such a discount are more likely to be nonsmokers, to get strenuous exercise frequently and to maintain desirable body weight than those without the discount.

23. *Of people currently employed, 24 percent say their employer provides some assistance to help them stay healthy, such as weight control counseling, an exercise program or help to stop smoking.* But three out of four report no such assistance. People whose employer provides programs to help them stay healthy are more likely to be nonsmokers, moderate drinkers, and to exercise regularly than people without such assistance.

Knowledge and Motivation

24. *This survey finds that many Americans, particularly those with lower levels of education and income, are still not knowledgeable about what to do to stay healthy, and are not motivated enough to practice good health habits.*

- Fifty-one percent of Americans feel that "there are so many different reports of what kinds of food increase or decrease your risk of heart disease that I don't know what I should or should not eat."
- Fifty-three percent agree with the statement that "these fads about physical fitness come and go, and I'm not impressed by this current emphasis on it."
- About three out of ten people (28%) express a sense of confusion about what they "should do to stay healthy."
- Approximately half of adults (49%) say they would like to exercise and eat better, but just cannot get themselves to do it.



TRENDS IN TWENTY-FOUR PREVENTIVE BEHAVIOR ITEMS
(1983 - 1988)

Base	1983 Survey 1254 %	1984 Survey 1253 %	1985 Survey 1256 %	1986 Survey 1250 %	1987 Survey 1250 %	1988 Survey 1250 %	Percentage Point Change From 1983 Survey
Nonsmoking and Restricted Use of Alcohol							
Do not smoke cigarettes	70	72	70	72	72	74	+4
Drink alcohol moderately	54	57	55	56	50	51	-3
(Drink moderately or do not drink at all)	89	87	88	88	86	90	+1
Exercise and Weight Control							
Get strenuous exercise three or more days a week	34	33	31	33	35	36	+2
Are within the weight range recommended for their height, build and sex*	23	22	21	23	24	21	-2
(Are not overweight)	42	39	38	41	40	36	-6
Diet and Nutrition							
Try a lot to get enough vitamins and minerals	63	57	63	63	59	57	-6
Try a lot to eat enough fiber	59	58	59	59	60	60	+1
Try a lot to avoid eating too much fat	55	59	56	56	54	54	-1
Try a lot to avoid eating too much salt or sodium	53	54	54	57	54	48	-5
Try a lot to avoid eating too much sugar and sweet food	51	52	50	49	49	47	-4
Try a lot to get enough calcium	50	45	57	57	54	53	+3
Try a lot to avoid eating too many high-cholesterol foods	42	43	42	46	42	48	+6
Control of Stress							
Socialize with friends or relatives once a week or more	84	85	85	81	83	84	0
Get seven or eight hours sleep most nights	64	63	64	65	61	62	-2
Take specific steps to control or reduce stress	59	70	69	64	68	69	+10
Periodic Examinations and Tests							
Have a blood pressure reading at least once a year	82	85	86	84	84	83	+1
Have a dental checkup at least once a year	71	73	74	76	75	71	0
Women who have a Pap smear test every one or two years	75	77	78	80	75	79	+4
Women who examine their breasts at least once each month for signs of cancer	37	42	48	45	42	51	+14
Safety Precautions							
Say that no one in their home smokes in bed	88	89	91	91	92	90	+2
Say they take specific steps to avoid accidents in and around the home	72	81	80	80	81	82	+10
Say they have a smoke detector in their home	67	74	76	77	82	81	+14
Drivers who say they drive at or below the speed limit all the time	56	52	50	51	50	51	-5
Drivers who say they either never drive after drinking or don't drink at all	68	68	72	74	74	78	+10
Say they wear seat belts all the time when in the front seat of a car	19	27	41	55	57	60	+41

**Based on those aged 25 and above whose recommended weight could be calculated given their height/build/sex data. Metropolitan Life Insurance Company tables were used for the classification. Bases vary slightly across the years: 995 (1983), 1047 (1984), 1061 (1985), 1022 (1986), 1008 (1987), 1031 (1988).*

GOOD HEALTH HABITS

The practice of preventive health habits appears to be related to health status. Those who practice the most preventive health habits are more likely to be in excellent health than those who practice the fewest.

There have been both improvements and declines in individual preventive health habits over the years, but the trend in overall prevention behavior in America has been stable.

Today, 24 percent of American adults practice more than three-quarters of the 24 key preventive habits surveyed, 79 percent practice more than half and 22 percent practice half or less. The average adult American practices approximately two-thirds of all preventive habits.

Demographic groups most likely to practice more than three-quarters of all preventive habits include: those living in the Western region of the country, suburban residents, women, blacks, college graduates, people with the highest income, professionals, managers and proprietors.

It is worth noting that the oldest group (age 65 and over) is the most likely to practice more than three-quarters of the preventive habits, while the youngest group (age 18 to 24) is the least likely to do so.

SUBJECTIVE HEALTH EVALUATION

One out of four Americans describes his or her health as "excellent," one out of three as "very good," one out of four as "good," 12 percent as "fair," and three percent as "poor" (Table 1-1).

The practice of preventive health habits appears to be related to health status. Those who practice the most preventive health habits are more likely to be in excellent health than those who practice the fewest (34% vs. 17%).

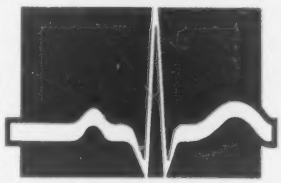


TABLE 1-1
SELF-REPORTED HEALTH STATUS BY PREVENTIVE HABITS

		Preventive Habits		
	Total	Those Who Practice 50% Or Less	Those Who Practice 51%-75%	Those Who Practice 76% Or More
Base	1250	262	682	306
	%	%	%	%
Health Status				
Excellent	25	17	24	34
Very good	34	32	36	31
Good	25	29	25	23
Fair	12	17	12	9
Poor	3	4	3	2

SECTION TWO

WEIGHT CONTROL

Recognition that one is overweight is an important step toward trying to lose weight.

Weight control is a problem for most American adults. This year's survey has found the largest proportion ever of overweight Americans – 64 percent. Further, 36 percent of Americans are at least 10 percent over the weight range recommended for their height, body build, and sex – up six percentage points from 1983 and four percentage points from 1987.

Table 2-1 shows that 21 percent of adults are within the proper weight range, a drop of three points from 1987, and two points from 1983. There has also been a steady decline in the proportion of underweight Americans. Only 15 percent of adults were underweight in 1988, compared to 19 percent in 1983.

Among those who are more likely to keep their weight within the recommended range are people in the East and West, suburban residents, people in their 30's and 40's, college graduates, and those who practice more than three quarters of all preventive habits (Table 2-2). However, the proportion within the recommended weight range does not exceed 30 percent in any demographic subgroup, which shows the pervasiveness of the weight control problem in this country.

FEELING OVERWEIGHT AND TRYING TO LOSE WEIGHT

Weight control becomes more problematic when those who *are* overweight *do not feel* overweight. Fully 20 percent of the adult population falls into this category. (On the other hand, 16 percent of the population is underweight yet feel that they are about the right weight or even overweight.)

TABLE 2-1

TRENDS IN WEIGHT CONTROL

Base: Age 25 and older and classifiable

Base	1983 Survey 995 %	1985 Survey 995 %	1987 Survey 1061 %	1988 Survey 1008 %
Overweight				
Total	58	62	59	64
30% or more above range	6	8	7	8
20-29.9% above range	9	7	8	10
10-19.9% above range	15	14	17	18
5-9.9% above range	13	16	14	15
Up to 4.9% above range	16	16	13	14
Within Recommended Range	23	21	24	21
Underweight				
Total	19	17	16	15
Up to 4.9% below range	9	9	8	8
5-9.9% below range	6	4	5	5
10% or more below range	4	4	3	2

**Based on those aged 25 and above whose recommended weight could be calculated given their height/build/sex data. Metropolitan Life Insurance Company tables were used for the classification. Bases vary slightly across the years: 995 (1983), 1061 (1985), 1008 (1987), 1031 (1988).*

TABLE 2-2

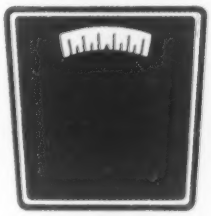
PERCENT OF ADULTS WHO KEEP THEIR WEIGHT WITHIN THE RECOMMENDED RANGE

Base: Age 25 and older and classifiable

	Base	%
Total	1031	21
Region		
East	258	27
South	315	17
Midwest	258	16
West	200	26
Urbanism		
Central City	307	18
Rest of metropolitan area	479	25
Outside metropolitan area	245	17
Sex		
Male	476	20
Female	555	22
Race		
White	898	22
Black	64	16**
Hispanic	47	22**
Age		
18-29 years	161	22
30-39 years	287	27
40-49 years	190	24
50-64 years	234	15
65 and over	159	15
Education		
Not high school graduate	143	16
High school graduate	358	18
Some college	249	20
Four-year college graduate	280	28
Household Income		
$7,500 or less	67	19**
$7,501-$15,000	116	9
$15,001-$25,000	194	22
$25,001-$35,000	231	20
$35,001-$50,000	171	23
$50,001 and over	161	29
Occupation		
Blue-collar labor, service	249	18
Clerical, sales	146	29
Professional, manager or proprietor	290	25
Self-Described Health Status		
Excellent	257	27
Very good or good	611	21
Fair or poor	160	14
Preventive Habits		
Those who practice 76% to 100%	278	29
Those who practice 51% to 75%	556	19
Those who practice 0% to 50%	197	15

***Caution due to small base*

Recognition that one is overweight appears to be an important step toward trying to lose weight. Sixty-two percent of those who *feel* overweight have tried to lose weight during the month prior to the survey, but only 48 percent of those who *are* overweight have tried to do so.



SECTION THREE

EXERCISE

About five out of ten Americans are still weekend athletes; they exercise strenuously only one day a week or less.

The proportion of people who engage in strenuous exercise* frequently has been relatively stable: 36 percent in 1988, compared to 34 percent in 1983, and 35 percent in 1987 (Table 3-1). About three out of ten Americans are still weekend athletes: they exercise strenuously only one day a week or less.

The groups most likely to get frequent strenuous exercise include: men, younger people, those who are better educated, those in households with incomes over $50,000 and those describing their health as excellent. People in the West are also more likely to exercise strenuously than those in the rest of the nation.

The demographic pattern in the case of strenuous exercise is not necessarily true in the case of walking. People who are 65 and older and people in households with the lowest income are actually the most likely to walk several times a week or more. Women are also slightly more likely than men to walk for exercise several times a week or more.

It is commonly assumed that exercise leads to fitness and desirable body weight. This survey finds that people who get strenuous exercise three days a week are less likely to be overweight than those who do not (53% vs. 57%). But one might have expected a larger margin of difference than four points.

Motivators for Regular Exercise

Factors which should help people become more involved in regular exercise include:

- Doctor's recommendation (85%);
- A need to lose weight (75%);
- Less expensive exercise facilities (56%) and greater availability of exercise facilities (51%);
- A workplace fitness program (55%) and more flexible scheduling of one's work day (53%); and
- Friends' involvement in exercise (49%).

Although most people *say* that they would get involved in regular

TABLE 3-1
FREQUENCY OF STRENUOUS EXERCISE

Base	1983 Survey 1254 %		1985 Survey 1256 %		1987 Survey 1250 %		1988 Survey 1250 %	
Never	24		21		24		19	
Less than 1 day a month	6		8		6		6	
1 to 3 days a month	9		13		10		11	
1 day a week	13		16		14		13	
2 days a week	12		11		11		13	
3 days a week	13		13		15		15	
4 to 5 days a week	9	34	10	31	11	35	12	36
6 to 7 days a week	12		8		9		9	

"Strenuous exercise is defined as exercising so that "you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least 20 minutes."

TABLE 3-2

PERCENT WHO SAY VARIOUS FACTORS WOULD HELP THEM GET MORE INVOLVED IN REGULAR EXERCISE

Base: Those who do not exercise strenuously at least three times a week

	Total	Age		Those Feeling Overweight
		Under 50	50 or Older	
Base	786	487	288	
	%	%	%	%
If you needed to lose weight	75	82	64	79
Greater availability of exercise facilities	51	59	40	55
More flexible scheduling of your work day	53	65	34	54
If your doctor recommended it	85	88	80	83
If your friends began doing it	49	57	36	51
Less expensive exercise facilities	56	65	41	61
If a fitness program were begun at work	55	70	32	59

exercise if they needed to lose weight, it does not necessarily mean that they will actually *do* it. About half of those feeling overweight do not walk for exercise frequently, and two out of three do not exercise strenuously on a regular basis.

SECTION FOUR

NUTRITION

We have made gains in getting calcium and limiting cholesterol, but declined in efforts to limit salt and sugar.

Only a small number of adult Americans are highly conscious of all aspects of diet and nutrition. Seventeen percent of adults report "trying a lot" in eight or more of the eleven key diet and nutrition areas (Table 4-1). About one out of four say they "try a lot" in only two or fewer of these areas.

Majorities do report that they "try a lot" in regard to five dietary practices. These include: eating vegetables in the cabbage family (60%), eating enough fiber (60%), getting enough vitamins and minerals (57%), avoiding eating too much fat (54%), and getting enough calcium (53%).

Areas of *least* effort include eating fish twice a week (28%), avoiding caffeine (33%), and avoiding foods containing additives (35%).

Dietary Gains and Losses

One area of significant gain is cholesterol. Forty-eight percent of adults say they "try a lot" to avoid eating too many high-cholesterol foods such as eggs, dairy products and fatty meat, up six percentage points from 1983 and 1987. In addition, 48 percent of American households bought low-fat or low-cholesterol food products during the month prior to the survey.

A decline in effort has occurred, however, in four of the eleven nutrition areas measured. The proportion of adults who say they "try a lot" to get enough vitamins and minerals dropped six percentage points from 63 percent in 1983 to 57 percent in 1988. The proportion saying they "try a lot" to avoid eating too much salt and the proportion saying they "try a lot" to avoid too much sugar and sweet food are both lower in 1988 than in 1983 and 1987. Another change is that only 28 percent of adults say they "try a lot" to eat fish twice a week, compared to 34 percent in 1985 when the question was first asked.

The survey does not explain why changes have occurred in the above areas. It is possible, however, that the media coverage of ocean dumping and pollution has produced a cautious reaction to fish consumption. Increased attention to the danger of high cholesterol in the American diet could have increased the avoidance of cholesterol.

Nutrition and Weight Control

Controlling one's weight is a motivation for eating right. Those who have attempted to lose weight are more likely than those who have not to "try a lot" to follow current guidelines for weight control:

- Avoiding too many high-cholesterol foods (56% vs. 43%);
- Avoiding too much salt or sodium (55% vs. 43%); and
- Avoiding too much fat (60% vs. 51%).

Those who have tried to lose weight are also more likely to "try a lot" to avoid eating too much sugar and sweet food (51% vs. 45%). But one might have expected more than 51 percent of the weight watchers to "try a lot" to avoid excessive sugar, since excessive sugar consumption can contribute substantially to the overweight problem.

Nutrition and Exercise

Thirty-six percent of adult Americans report getting strenuous exercise at least three times a week. Are the same people also nutrition-conscious? Are exercise

TABLE 4-1
TRENDS IN SOME KEY ASPECTS OF DIET AND NUTRITION

	Those Who Try a Lot					
Base	**1983 Survey 1254 %**	**1984 Survey 1253 %**	**1985 Survey 1256 %**	**1986 Survey 1250 %**	**1987 Survey 1250 %**	**1988 Survey 1250 %**
Get enough vitamins and minerals in foods or in supplements	63	57	63	63	59	57
Eat enough fiber from whole grains, cereals, fruits and vegetables	59	58	59	59	60	60
Avoid eating too much fat	55	59	56	56	54	54
Avoid eating too much salt or sodium	53	54	54	57	54	48
Avoid eating too much sugar and sweet food	51	52	50	49	49	47
Get enough calcium in food or in supplements	50	45	57	57	54	53
Avoid eating too many high-cholesterol foods, such as eggs, dairy products and fatty meats	42	43	42	46	42	48
Avoid caffeine in beverages such as coffee, tea and certain soda pop	x	34	37	34	34	33
Avoid foods that contain additives, such as preservatives, colorings and artificial flavorings	x	37	33	36	36	35
Eat fish twice a week	x	x	34	31	33	28
Eat vegetables in the cabbage family, such as cabbage, Brussels sprouts and cauliflower	x	x	62	65	59	60

x = *Not asked.*
Note: Seventeen percent of adults "try a lot" in eight or more of the eleven areas; 53% in three to seven areas; and 24% in two or fewer of the areas.

and nutrition habits related, or are they independent of each other?

Only a small proportion (7%) of the population get strenuous exercise regularly *and* score high on the nutrition index, i.e., to "try a lot" in at least eight of the eleven nutrition areas. Twenty-seven percent of the population exercise regularly but do not score high on the nutrition dimension. On the other hand, there are also those who score high on nutrition but do not get strenuous exercise regularly – they make up nine percent of the population. Half of the population neither get strenuous exercise regularly nor score high on nutrition.

A closer look at these four categories (Table 4-2) reveals that good nutrition and strenuous exercise are practiced by different demographic groups. Women are more likely to be conscious of nutrition whereas men are more conscious of exercise. People under 30 are the least likely to be conscious of nutrition but the most likely to be conscious of exercise.

Even for those whose body weight is within the recommended range, nutrition and exercise are not related behavior. In this group, 10 percent get regular strenuous exercise *and* score high on nutritional behavior, 10 percent score high on nutritional behavior but do not get regular strenuous exercise, and another 30 percent get regular strenuous exercise but do not score high on nutrition.

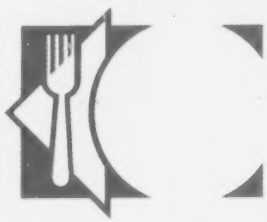


TABLE 4-2

NUTRITION/EXERCISE INDEX BY DEMOGRAPHIC CHARACTERISTICS

	Base		Nutrition/Exercise Index* High on Both Nutrition and Exercise	High on Nutrition Only	High on Exercise Only	Not High on Nutrition or Exercise
Total	1250	%	7	9	27	50
Sex						
Male	598	%	5	6	34	46
Female	652	%	8	12	21	53
Age						
18-29 years	309	%	4	1	34	51
30-39 years	310	%	8	9	34	45
40-49 years	202	%	9	12	27	47
50-64 years	244	%	8	13	20	55
65 and over	171	%	7	17	16	51
Education						
Not high school graduate	179	%	5	9	23	55
High school graduate	438	%	7	8	26	51
Some college	309	%	7	8	29	50
Four-year college graduate	322	%	7	13	30	45
Occupation						
Blue-collar labor, service	319	%	5	6	31	48
Clerical, sales	185	%	4	7	28	56
Professional, manager or proprietor	321	%	9	12	29	46
Self-Described Health Status						
Excellent	316	%	9	9	33	45
Very good or good	745	%	6	8	27	52
Fair or poor	186	%	6	14	20	50
Body Weight Index						
Underweight	230	%	4	4	25	59
Within range	251	%	10	10	30	45
Overweight	692	%	7	11	25	50

**Those who score "high" on the nutrition index and exercise strenuously three times a week are "high on both;" those who score "high" on the nutrition index but do not exercise strenuously three times a week are "high on nutrition only;" those who exercise strenuously three times a week but do not score "high" on the nutrition index are "high on exercise only;" and those who do not score "high" on the nutrition index and do not exercise strenuously three times a week are "not high on nutrition or exercise."*

SECTION FIVE

REGULAR MEDICAL TESTS

Groups who are more at risk of hypertension are more likely to have their blood pressure taken at least once a year.

Eighty-three percent of adults say they have a blood pressure reading at least once a year. This is almost the same proportion as that of the 1983 *Prevention* survey, but there is a rise of five points since 1983 for those having the test more than once a year.

Groups who are more at risk of hypertension – older people and blacks – are more likely to have their blood pressure taken at least once a year. And 87 percent of women report having an annual blood pressure reading, compared to 78 percent of men.

CHOLESTEROL TESTING

Forty-nine percent of adults indicate that they have a cholesterol test at least once a year. This is relatively unchanged since 1985, when 48 percent reported an annual or more frequent test.

Among those who are least likely to have cholesterol testing on an annual basis are rural residents (41%), people under the age

TABLE 5-1

PERCENT OF THOSE WHO TRY A LOT ON VARIOUS DIET AND NUTRITION ASPECTS BY CHOLESTEROL CHECKUP

Base	Those Who Have a Cholesterol Checkup Once a Year or More Often 594 %	Those Who Do Not Have a Cholestefol Checkup Once a Year or More Often 600 %
Percent Who Try a Lot to:		
Get enough vitamins and minerals in foods or in supplements	62	53
Eat enough fiber from whole grains, cereals, fruits and vegetables	69	52
Avoid eating too much fat	63	47
Avoid eating too much salt or sodium	56	40
Avoid eating too much sugar and sweet food	53	42
Get enough calcium in foods or in supplements	59	49
Avoid eating too many high-cholesterol foods, such as eggs, dairy products and fatty meats	61	36
Avoid caffeine in beverages such as coffee, tea and certain soda pop	39	28
Avoid foods that contain additives, such as preservatives, colorings and artificial flavoring	41	30
Eat fish twice a week	34	23
Eat vegetables in the cabbage family, such as cabbage, Brussels sprouts, cauliflower	65	55

TABLE 5-2
TRENDS IN TESTS AND SELF-EXAMS FOR WOMEN
Base: Women only

Base	1983 Survey 646 %		1985 Survey 640 %		1987 Survey 634 %		1988 Survey 652 %	
Pap Smear								
More often than once a year	18		15		17		15	
Once a year	49	75	54	78	51	75	57	79
Every two years	8		9		7		7	
Every three years	4		3		4		3	
Every four or five years	3		3		3		3	
Every six years or less often	2		3		3		3	
Never	13		12		10		9	
Not applicable (vol.)	1		1		2		1	
Not sure	2		1		2		2	
Breast Self-Exam								
At least once a month	37		48		42		51	
Several times a year	30		30		29		24	
Once a year	9		8		9		7	
Less than once a year	4		3		4		3	
Never	15		9		13		12	
I never do it – doctor does it (vol.)	2		1		2		1	
Not applicable (vol.)	*		–		1		*	
Not sure	1		1		1		*	

*Less than 0.5%

of 30 (35%), people in their 30's (40%), blue collar workers (41%), and clerical and sales people (41%).

Cholesterol testing appears to be associated more with treatment than with prevention. The survey shows that those describing themselves as in "fair or poor" health, and those aged 65 or over, are much more likely to have cholesterol testing on an annual basis than those in "excellent," "very good" or "good" health and those in younger age groups.

People who have annual cholesterol testing also have a stronger tendency than people who have less frequent testing to "try a lot" to:

- Avoid eating too many high-cholesterol foods (61% vs. 36%);
- Avoid eating too much fat (63% vs. 47%); and
- Eat enough fiber (69% vs. 52%).

While those who have annual cholesterol tests tend to take preventive measures to reduce their cholesterol level, there is a sizable number of people, young and in good health, who do not have annual cholesterol check-ups nor take measures to eat a low-cholesterol diet.

Dental Exams

Seventy-one percent of adults report that they go to a dentist for treatment or a checkup at least once a year. This figure has changed little since 1983.

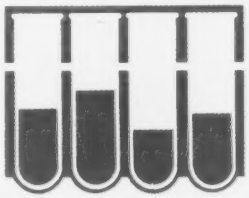
Demographic groups more likely to have a dental checkup include: those under age 50, those with greater education, those with higher income, and those with more prestigious occupations. People reporting "excellent" health are also more likely to have a dental checkup than those with only "fair or poor" health.

Pap Smear and Breast Self-Exam for Women

In 1988, 79 percent of adult women report having a Pap smear to detect cancer at least every two years, compared to 75 percent in both 1983 and 1987 (Table 5-2). The proportion of women doing breast self-exams on a monthly basis has also increased over the last five years, to 51 percent in 1988 – up 14 percentage points from 1983 and nine points from a year ago.

Younger women, women with greater education, and women with higher household income are more likely to have regular Pap smear tests than older women, women with less than a high school education and women with lower household income.

With breast self-exams, however, groups more likely to have these exams are women with less than a high school education and women with lower household income. These findings confirm the patterns found in earlier surveys.



SECTION SIX

STRESS

Those with the lowest and highest household income are the most likely to feel under great stress several days a week.

Eighteen percent of adult Americans say they feel under great stress almost every day. An additional 15 percent feel great stress several days a week, and another 30 percent at least once a week (Table 6-1). The experience of stress in American society appears to be on the rise. In 1983, 55 percent of adults reported feeling under great stress at least once a week. This proportion has risen to 63 percent in 1988.

While 28 percent of rural residents report feeling under great stress at least several days a week, this figure rises to 36 percent among urban residents. Women are somewhat more likely to report frequent stress than men (36% vs. 30%), and those in their 40's more than other age groups (39% vs. 35% or less). Those age 65 and over report the least amount of stress (20%).

Education and occupation also appear to be related to one's feeling of stress. Thirty-two percent of blue collar workers say they feel under great stress several days a week, compared to 38 percent of sales and clerical people and 40 percent of professionals and managers. The proportion of people reporting frequent stress increases as the education level increases, with the highest stress levels among college graduates.

Those with the lowest and highest household income are the most likely to feel under great stress several days a week.

TABLE 6-1
TRENDS IN SOME ASPECTS OF STRESS

Base	1983 Survey 1254 %	1985 Survey 1250 %	1987 Survey 1250 %	1988 Survey 1250 %
Frequency of Stress				
Almost every day	16	14	17	18
Several days a week	12	13	15	15
Once or twice a week	27	33	30	30
Less often than once a week	29	30	27	27
Never	16	10	10	9
Not sure	1	1	1	1
Steps to Control Stress				
Yes, take steps to control	59	69	68	69
No, don't take steps	38	31	30	30
Not sure	3	1	1	1
Sleep				
6 hours or less	25	26	27	27
7-8 hours	64	64	61	62
9 hours or more	10	9	11	10
Not sure	1	*	1	1
Socializing with Others				
Once a week or more	84	85	83	84
Less than once a week	16	15	17	16
Not sure	*	*	1	1

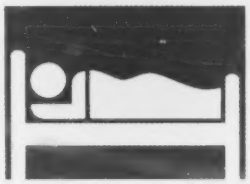
*Less than 0.5%

Controlling Stress

Approximately seven out of ten adults say they consciously take steps to control or reduce stress. In addition, six out of ten report getting seven or eight hours of sleep daily, and eight out of ten say they socialize with friends or relatives at least once a week. There are no dramatic changes in these areas over the last few years.

Those feeling under great stress at least several days a week are more likely to say they take conscious steps to control stress (75%) than those who feel stress less frequently (66%). However, one out of four adults who is under great stress frequently does not take steps to reduce it. Furthermore, those under stress frequently are less likely to sleep seven or eight hours a night and less likely to socialize at least once a week, compared to those feeling stress less frequently.

Although college graduates and people with the highest household incomes are more likely to report getting seven to eight hours sleep, there are no other clear patterns among different social groups in either sleep or socializing.



SECTION SEVEN

SMOKING

Seventy-four percent of adults say they do not smoke cigarettes. This is the lowest smoking rate ever registered in a Harris survey.

Seventy-four percent of adults say they do not smoke cigarettes; 26 percent say they do. This is the lowest smoking rate ever registered in a Harris survey. As Table 7-1 shows, the average smoking rate in the 1980's is considerably lower than that of the early 1970's, by approximately 15 percentage points. The rate fluctuated slightly during the period of 1983 to 1987 without statistical significance. However, the 1988 survey finds the smoking rate to be 26 percent, a significant decrease since 1983 when the smoking rate was 30 percent.

The rates of smoking among men (27%) and women (24%) are still statistically indistinguishable. But the rate of decline in smoking is slightly higher among men than among women in the 1980's, a continuing trend since the 1970's.

The relationship between self-described health and nonsmoking has been persistent in this series of surveys. Among those who report "excellent" health, 84 percent are nonsmokers, compared to 69 percent of those who describe their health as "fair or poor."

The rate of nonsmokers is highest among: people aged 65 and over, people with college education, and people whose household income is above $50,000. Those under 30 have the lowest rate of nonsmokers (71%) among all age groups.

Nonsmoking also appears to be related to other preventive behaviors such as nutrition and exercise. Those who pay a lot of attention to good nutrition are more likely to be nonsmokers (83%) than those who have a medium or low score on nutrition (73% and 74% respectively). Those who get strenuous exercise frequently are also more likely to be nonsmokers than those who do not (78% vs. 72%).

On the other hand, people within proper weight ranges tend to smoke more than those who are overweight. Those who feel under great stress frequently tend to smoke more than those who do not.

TABLE 7-1

TRENDS IN SMOKING AND NONSMOKING

Base	1974 1407 %	1975 1556 %	1978 1347 %	1983 1252 %	1984 1252 %	1985 1256 %	1986 1250 %	1987 1250 %	1988 1250 %
Smoke now	43	43	39	30	28	30	27	28	26
Do not smoke	57	57	61	70	72	70	72	72	74
Percent of men smoking cigarettes	47	49	45	33	27	31	29	27	27
Percent of women smoking cigarettes	38	37	33	28	30	29	26	29	24
Difference*	+9	+12	+12	+5	-3	+2	+3	-2	+3

**Smoking rates of men and women are statistically indistinguishable in the 1984 survey and the surveys thereon.*
Note: Because of population growth, the change in the absolute numbers of smoking adults can, of course, be less than the change in the percentage of smoking adults.

SECTION EIGHT

ALCOHOL AND DRUG USE

People who are overweight are more likely to abstain from alcohol than those who are not overweight. People who are highly conscious of nutrition are also more likely to avoid alcohol.

Thirty-nine percent of adults say they never consume alcohol (Table 8-1). This is an increase of five percentage points from 1983 and an increase of three points from 1987. Fifty percent of adults are moderate drinkers, which means they do not exceed three drinks on days when they drink.

The proportion of nondrinkers is largest among: those in the South, small town and rural residents, women, blacks and Hispanics, those aged 65 and over, and those with the lowest education, income and occupational levels (Table 8-2). These are persistent patterns from earlier surveys.

The socioeconomic patterns observed in regard to nondrinkers are reversed with moderate drinkers. The largest proportion of moderate drinkers is found among people with a college education, those with a household income above $35,000, and those holding higher level jobs. These are also patterns observed in previous surveys.

The least advantaged educational, income and occupational groups in American society tend to be either nondrinkers or heavy drinkers of alcohol; while the most advantaged social groups have a strong tendency to be moderate drinkers. This unusual

TABLE 8-1
TRENDS IN USE OF ALCOHOL AND DRUGS

Base	1983 Survey 1254 %		1985 Survey 1256 %		1987 Survey 1250 %		1988 Survey 1250 %	
Frequency of Alcohol Consumption								
Never	34		33		36		39	
Less than 1 day a month	16		15		13		17	
1 to 3 days a month	16		20		19		18	
1 to 2 days a week	19	65	19	66	21	64	14	61
3 to 4 days a week	7		6		5		5	
5 to 6 days a week	2		2		1		2	
Daily/7 days a week	6		4		5		5	
Not sure	*		*		*		*	
Quantity of Alcohol Consumption								
1 drink	21		22		21		21	
2 drinks	23	54	23	55	20	50	21	50
3 drinks	10		10		9		8	
4 drinks	5		4		6		4	
5 or more drinks	6		7		8		7	
Not sure	1		*		*		*	
Recreational Drugs								
Frequently	x		2		*		1	
Sometimes	x		7		1		1	
Only occasionally**	x		x		4		3	
Never	x		91		94		95	
Not sure	x		*		-		*	

x = Not asked
**Less than 0.5%*
***The "only occasionally" category was added in 1987 and 1988.*

TABLE 8-2

PERCENT OF THOSE RESTRICTING THEIR ALCOHOL AND DRUG USE BY DEMOGRAPHIC CHARACTERISTICS

	Base		Do Not Drink Alcohol	Drinkers Who Drink Alcohol Moderately	Never Use Any Recreational Drugs
Total	1250	%	39	83	95
Region					
East	312	%	32	82	94
South	387	%	50	81	97
Midwest	311	%	33	79	95
West	240	%	37	90	93
Urbanism					
Central city	379	%	35	82	93
Rest of metropolitan area	572	%	37	83	95
Outside metropolitan area	299	%	48	82	97
Sex					
Male	598	%	32	74	91
Female	652	%	45	92	98
Race					
White	1059	%	36	82	96
Black	87	%	50	90	87
Hispanic	71	%	52	82	95
Age					
18-29 years	309	%	31	68	89
30-39 years	310	%	28	85	92
40-49 years	202	%	36	91	98
50-64 years	244	%	48	91	98
65 and over	171	%	59	93	99
Education					
Not high school graduate	179	%	64	75	95
High school graduate	438	%	45	77	94
Some college	309	%	33	82	93
Four-year college graduate	322	%	21	91	98
Household Income					
$7,500 or less	105	%	54	78	92
$7,501-$15,000	146	%	54	70	95
$15,001-$25,000	227	%	43	81	92
$25,001-$35,000	273	%	31	79	96
$35,001-$50,000	197	%	25	84	94
$50,001 and over	186	%	24	93	97
Occupation					
Blue-collar labor, service	319	%	38	67	92
Clerical, sales	185	%	30	88	95
Professional, manager or proprietor	321	%	29	88	96
Self-Described Health Status					
Excellent	316	%	31	86	96
Very good or good	745	%	36	80	94
Fair or poor	186	%	62	88	96

demographic pattern suggests that there may exist different standards of social acceptance regarding the use of alcohol among different social strata.

As in the case of cigarette use, people who are overweight are more likely to abstain from alcohol than those who are not overweight. People who are highly conscious of nutrition are also more likely to avoid alcohol. Among drinkers, those who are highly conscious of nutrition are most likely to be moderate drinkers. But exercise behavior has little to do with one's drinking patterns.

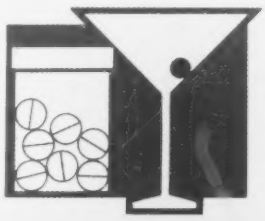
Use of Recreational Drugs

Ninety-five percent of adults say they do not use any recreational drugs such as marijuana, speed and downers (Table 8-1). This represents a four percentage point increase from 1984, when the question was first asked.

The increase in drug abstinence is centered around younger adults. In 1984 eight out of ten people under 30 said they did not use drugs; in 1988 nine out of ten say they do not use drugs. The proportion of nonusers has also increased three percentage points for those in their 30's.

Nonetheless, drug use is somewhat higher among adults under 30, those living in central cities, among males and among blacks. There is no distinct pattern of drug use for various education, income and occupational groups.

Exercise and stress reduction behavior are unrelated to drug abstinence. But people who are highly conscious of nutrition are more likely to abstain from recreational drugs.



SECTION NINE

SAFETY PRECAUTIONS

Those with higher education and income levels are most likely to drive after drinking.

Sixty percent of adults say they wear seat belts all the time when they are in the front seat of a car. This reflects a rising trend since the 1983 survey when only 19 percent reported wearing seat belts all the time. Compared to the 1987 survey, this figure represents an increase of three percentage points.

State laws requiring seat belt use dramatically improve the rate of usage. In 1988, 63 percent of adults living in states with seat belt laws report belt usage all the time, compared to just 38 percent of people in states without such laws.

Despite the gains, 13 percent of adults in the nation still say they never wear a seat belt. This rate is 29 percent in states without seat belt laws.

HIGHWAY SAFETY

The level of seat belt use is particularly important in light of the fact that 49 percent of drivers do not drive at or below the speed limit "all the time." This is an increase of six percentage points from 1983.

Sixty percent of adults say they never drive after drinking (another 18 percent say they never drink). This 78 percent represents an increase of 10 percentage points over the level recorded in 1983, and an increase of four points over 1987. Hopefully, this upward trend will continue as ideas such as the "designated driver" are pro-

TABLE 9-1
TRENDS IN SOME ASPECTS OF AUTO SAFETY

Base	1983 Survey 1251 %	1985 Survey 1256 %	1987 Survey 1250 %	1988 Survey 1250 %
Wearing Seat Belts				
All the time	19	41	57	60
Sometimes	26	31	27	26
Never	53	28	15	13
Not applicable (vol.)	1	*	*	1
Not sure	*	*	*	*

Base	1983 Survey 1097 %	1985 Survey 1102 %	1987 Survey 1115 %	1988 Survey 1117 %
Driving at or Below Speed Limit				
All the time	56	50	50	51
Sometimes	38	45	45	44
Never	5	5	4	5
Not sure	*	*	-	-
Driving After Drinking				
All the time	5	3	2	3
Sometimes	25	25	23	19
Never	52	59	49	60
Don't drink (vol.)	16	12	25	18
Not sure	2	1	*	*

**Less than 0.5%*
Base: Drivers only

TABLE 9-2
TRENDS IN SOME ASPECTS OF SAFETY AT HOME

Base	1983 Survey 1251 %		1985 Survey 1256 %		1987 Survey 1250 %		1988 Survey 1250 %	
Precautions at Home								
Yes, take steps	72		80		81		82	
No, don't take steps	26		19		18		17	
Not sure	1		*		1		1	
Smoke Detector								
Have a smoke detector	67		76		82		81	
Do not have	32		24		18		19	
Not sure	*		*		*		*	
Smoking in Bed								
Yes, someone smokes in bed	11		9		8		10	
No, no one ever smokes in bed	85	88	89	91	88	92	85	90
No one in household smokes (vol.)	3		2		4		5	
Not sure	*		*		*		*	

*Less than 0.5%

moted and adopted by a greater number of Americans.

Over the years of this survey, there have been some persistent demographic patterns in auto safety habits. Seat belt usage is highest among Westerners, and those with higher education and income levels. The groups who are most likely to say they *never* exceed the speed limit include people in their 50's or older, those with less education and those in blue collar or service occupations. Concerning driving after drinking, however, those with higher education and income levels are most likely to have practiced this unsafe behavior.

Safety in the Home

Efforts to ensure safety at home have improved since 1983. But in some areas this improvement appears to have reached a plateau. Eighty-two percent of adults say they take steps to avoid home accidents (Table 9-2). Although this is an increase of ten percentage points over the proportion in 1983, it is virtually unchanged since 1985. Eighty-one percent report they have smoke detectors at home, compared to 67 percent in 1983 and 82 percent in 1987. Ninety percent say that no one in their household smokes in bed compared to 88 percent in 1983 and 92 percent in 1987.

There are no distinct demographic patterns in trying to avoid home accidents. But home smoke detectors provide an example of socioeconomic status playing a visible role. Those with greater education, higher income, and more prestigious occupations are more likely to have installed smoke detectors in their homes (Table 9-3). While the gaps between social groups in this adoption had been narrowed considerably between 1983 and 1986, the gaps existent two years ago have not been reduced. Thirty-seven percent of Hispanics and 32 percent of those with less than a high school education still do not have smoke detectors in their homes – about the same as two years ago.

Relationship Among Safety Practices

Aside from the effect of socioeconomic status on one's safety behavior and practices, there seems to be a latent dimension of safety consciousness which also influences these practices.

For example, those who wear a seat belt all the time are more likely than those who do not to have a smoke detector at home, to obey the speed limit when driving, and to avoid driving after drinking. Those who drive after drinking are less likely to have a home smoke detector, less likely to wear a seat belt, and less likely to obey the speed limit.

TABLE 9-3

CHANGE IN USE OF SMOKE DETECTORS FROM 1983 TO 1988

	Have Smoke Detector in Home					
	1983 Survey		1986 Survey		1988 Survey	
	Percent Having Detector	Gap	Percent Having Detector	Gap	Percent Having Detector	Gap
Total Adults	67%		77%		81%	
Urbanism						
Central city	67		77		80	
Rest of metropolitan area	68	3	79	7	85	12
Outside metropolitan area	65		72		73	
Race						
White	70		79		84	
Black	48	22	73	17	72	21
Hispanic	59		62		63	
Age						
18-29 years	70		77		78	
30-39 years	72		81		87	
40-49 years	67	12	78	11	85	11
50-64 years	64		76		78	
65 and older	60		70		76	
Education						
Not high school graduate	52		64		68	
High school graduate	67		74		80	
Some college	75	23	82	20	84	20
Four-year college graduate	71		84		88	
Household Income						
$7,500 or less	52		68		74	
$7,501 - $15,000	58		68		72	
$15,001 - $25,000	71		75		81	
$25,001 - $35,000	77	28	84	18	85	15
$35,001 - $50,000	80		84		87	
$50,001 and over	76		86		84	

SECTION TEN

INFLUENCES ON BETTER HEALTH

The mere awareness of employer encouragement for better health may be an incentive for practicing healthy habits.

Twenty-seven percent of adults say their family health insurance plan provides a discount for those who do not smoke or who exercise regularly. Forty-five percent say their insurance does not have such a discount, and 22 percent do not know if their insurance has this discount.

The insurance discount for better health habits appears to have an effect on some health-related behaviors. Those having such a discount are more likely to be nonsmokers, to get strenuous exercise frequently, and to maintain desirable body weight than those without the discount. The effect of this discount on diet and nutrition is less evident.

EMPLOYER ASSISTANCE IN STAYING HEALTHY

Of those currently employed, 24 percent say that their employer provides some assistance to help them stay healthy, such as weight control counseling, an exercise program or help to stop smoking. But three out of four report no such assistance.

Although fewer than four out of ten people with employer assistance report participating in the programs, the mere awareness of employer encouragement for bet-

TABLE 10-1
ATTITUDES TOWARD PREVENTION AND PREVENTION PRACTICES

Base: 1250	Agree %	Disagree %
If I exercise and eat right, I'm almost certain to stay healthy	85	15
I sometimes watch what I eat but not all the time	82	18
I'm willing to spend extra money on things that are healthy for me	75	24
It is very important to me that I feel attractive to the opposite sex	70	29
I think health clubs are important for physical fitness	58	40
These fads about physical fitness come and go, and I'm not impressed by this current emphasis on it	53	45
There are so many different reports of what kinds of food increase or decrease your risk of heart disease, that I don't know what I should or should not eat	51	48
When I don't exercise or eat right, I feel guilty	51	49
I would like to exercise and eat better, but I just can't get myself to do it	49	50
I am often confused about what I should do to stay healty	28	72
I used to watch what I eat, but don't anymore	19	80

TABLE 10-2

PERCENT OF THOSE AGREEING WITH FOUR STATEMENTS ON PREVENTION BY EDUCATION, INCOME AND OCCUPATION

		Education				Household Income						Occupation		
	Total	Less Than High School	High School Graduate	Some College	Four Year College or Grad School	$7,500 or less	$7,501 — $15,000	$15,001 — $25,000	$25,001 — $35,000	$35,001 — $50,000	$50,001 — and Over	Professional, Manager, Proprietor	Clerical or Sales	Blue Collar
Base:	1250 %	179 %	438 %	209 %	322 %	105 %	146 %	227 %	273 %	197 %	186 %	321 %	185 %	319 %
Percent Who Agree														
There are so many different reports of what kinds of food increase or decrease your risk of heart disease, that I don't know what I should or should not eat	51	64	61	47	33	65	64	57	48	46	33	38	49	63
These fads about physical fitness come and go, and I'm not impressed by this current emphasis on it	53	59	57	58	39	59	56	62	52	50	43	47	50	56
I am often confused about what I should do to stay healthy	28	44	33	23	16	43	36	29	27	25	15	16	28	35
I would like to exercise and eat better, but I just can't get myself to do it	49	56	53	45	41	62	57	51	48	45	42	44	52	55

ter health may be an incentive for practicing healthy habits. People whose employer provides programs to help them stay healthy are more likely to be nonsmokers, moderate drinkers, and to exercise regularly, than people without such assistance. People who receive employer assistance show better eating habits in three out of the seven diet and nutrition areas.

Knowledge and Motivation

Previous surveys have shown that *media* messages on prevention reach a significant fraction of all social groups. But this survey also finds that many Americans are still not knowledgeable about what to do to stay healthy, and are not motivated enough to practice health habits.

Fifty-one percent of Americans agree that "there are so many different reports of what kinds of food increase or decrease your risk of heart disease, that I don't know what I should or should not eat" (Table 10-1). Furthermore, 53 percent agree with the statement that "these fads about physical fitness come and go, and I'm not impressed by this current emphasis on it." About three out of ten people (28%) express a sense of confusion about what they "should do to stay healthy." People with lower levels of education, income and occupation are more likely to express feelings of indifference and confusion (Table 10-2).

Approximately half of adults (49%) say they would like to exercise and eat better, but just cannot get themselves to do it. Again, people with lower socioeconomic status are more likely to say they would like to exercise and eat better, but just cannot get themselves to do it.

Although institutionalized prevention efforts such as insurance incentives and workplace programs have yet to become pervasive, they have already proven to be effective in encouraging better health practices. They may also serve as a "push" for those who would like to practice health habits but lack initiative.

APPENDIX

PROCEDURES FOR COMPUTING THE PREVENTION INDEX

The Prevention Index is developed from information collected by Louis Harris and Associates, Inc. in two national surveys:

1. Self-reported practice of preventive health and safety behaviors based on a national probability sample of 1,250 adults in the continental United States 18 years of age and older.

2. Ratings on the relative importance of each of these behaviors for preventing disease and disability in the general population (scale of 1 to 10), as determined by a sample of 103 representative experts in disease prevention and health promotion.

Twenty-one of the behaviors measured in the Harris national probability survey of adults were selected for inclusion in the Prevention Index according to the following criteria:

1. A documented relationship between the health behavior and disease or disability as published in the professional literature.

2. Behaviors that are relevant to the entire adult population.

3. Behaviors that can be controlled or affected by individuals (therefore, the exclusion of important environmental determinants of health such as exposure to air pollution or industrial toxins).

Currently accepted standards of practice for each behavior were determined by thorough review of the professional literature and consultation with experts. Those standards were used to compute the practice frequencies for each of the Index health behaviors.

For continuous variables (for example, moderate alcohol consumption, exercise or frequency of dental examination), practice was determined by the prevailing consensus in the relevant professional literature and from personal consultation with researchers and spokespersons of professional organizations. For those behaviors with no clear consensus on a minimum compliance level (for example, taking steps to control stress or restricting cholesterol intake), practice was defined in terms of either always engaging in the behavior (taking steps to control stress) or observing a lot (restricting cholesterol intake). The practice definitions for each health and safety behavior and relevant documentation are presented in the Prevention Index technical report.

The Index is computed on a scale of 0 to 100, with 100 representing 100 percent of the adult population of the continental United States age 18 and over practicing all of the 21 key health behaviors. The Index is calculated by:

1. Multiplying the percentage of the adult population who report engaging in each health behavior by its experts' rating;

2. Adding the 21 products together;

3. Adjusting the resulting total to a scale of 100.

A detailed description of the development and computation of the Prevention Index and related analyses is presented in the technical report, "The Prevention Index: A Report Card on the Nation's Health," available from *Prevention* Magazine.

A NOTE ON SURVEY METHODS

The 1988 survey data in this report are based on interviews with 1,250 randomly selected adults across the country, conducted by telephone from November 9 to November 23, 1988. The overall completion rate for this survey was 60 percent of eligible households reached. The 40 percent noncompletion rate includes initial refusals, plus terminations during the course of the interview.

All six surveys from 1983 to 1988 followed the same procedures in every detail in order to facilitate comparisons.

Harris national public cross sections are weighted to the Census Bureau's latest population parameters on sex, race, age and income. This adjusts these key variables, where necessary, to their actual proportions in the population in order to correct for subgroup variations in telephone penetration and nonresponse rates.

YOUR PERSONAL PREVENTION PROFILE

The Prevention Index takes stock of the nation's health, but you can score your own prevention profile by taking the test below.

Please carefully check "YES" or "NO" to each of the following questions.	**YES**	**NO**
1. Do you have a blood pressure reading at least once a year?	☐	☐
2. Do you go to the dentist at least once a year for treatment or a checkup?	☐	☐
Thinking about your personal diet and nutrition, do you try a lot to . . .		
3. Avoid eating too much salt or sodium?	☐	☐
4. Avoid eating too much fat?	☐	☐
5. Eat enough fiber from whole grains, cereals, fruits, and vegetables?	☐	☐
6. Avoid eating too many high cholesterol foods, such as eggs, dairy products, and fatty meats?	☐	☐
7. Get enough vitamins and minerals in foods or in supplements?	☐	☐
8. Avoid getting too much sugar and sweet food?	☐	☐
9. Is your body weight within the recommended range for your sex, height, and bone structure?	☐	☐
10. Do you exercise strenuously (that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least 20 minutes) three days or more a week?	☐	☐
11. Do you smoke cigarettes now?	☐	☐
12. Do you consciously take steps to control or reduce stress in your life?	☐	☐
13. Do you usually sleep a total of 7 to 8 hours during each 24-hour day? (if you usually sleep either more or less than this, please mark "no".)	☐	☐
14. Do you socialize with close friends, relatives or neighbors at least once a week?	☐	☐
15. In general, when you drink alcoholic beverages, do you consume less than 14 drinks* per week and less than five on any single day? (Mark "yes" only if the answer to both parts of this question is "yes". If you never drink at all, also mark "yes")	☐	☐
16. Do you wear a seat belt all the time when you are in the front seat of a car?	☐	☐
17. Do you drive at or below the speed limit all the time? (If you don't drive, please mark "yes".)	☐	☐
18. Do you ever drive after drinking (If you don't drive or if you don't drink, please mark "no".)	☐	☐
19. Do you have a smoke detector in your home?	☐	☐
20. Does anyone in your household smoke in bed?	☐	☐
21. Do you take any special steps or precautions to avoid accidents in and around your home?	☐	☐

* By a "drink," we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine.

The correct answer for questions 11, 18 and 20 is "no." The correct answer for all the other questions is "yes." Add up your total number of correct responses. Then, divide that number by 21, which tells you the percentage of the 21 Prevention Index behaviors that you practice.

ADDITIONAL REPORTS AVAILABLE:

The Prevention Index: A Report Card on the Nation's Health, technical report.

Prevention in America: Steps People Take – or Fail to Take – for Better Health. In-depth reports on each of the six Louis Harris surveys for *Prevention* Magazine. Reports are numbered from 1 to 6, and cover the surveys conducted in 1983, 1984, 1985, 1986, 1987 and 1988, respectively.

Prevention in America: The Experts Rate 65 Steps to Better Health, 1983 survey conducted by Louis Harris & Associates for *Prevention* Magazine.

TO ORDER, WRITE:

The Prevention Index
33 East Minor Street
Emmaus, PA 18098

FOR FURTHER INFORMATION, CONTACT:

Tom Dybdahl
The Prevention Index
33 East Minor Street
Emmaus, PA 18098
(215) 967-8124

OR

Louis Genevie, Ph.D.
Research Director
Louis Harris & Associates, Inc.
630 Fifth Avenue
New York, NY 10111
(212) 698-9600

Prevention
A Publication of Rodale Press, Inc.